

# Health Services Research: An Evolving Definition of the Field

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In early 2000, the Board of Directors of the Association for Health Services Research (AHSR) appointed an ad hoc committee to propose a current definition for the field. The committee was co-chaired by Kathleen Lohr and Donald Steinwachs, and we extend our appreciation to fellow committee members: Ronald Andersen, Ph.D., University of California at Los Angeles; Mark Chassin, M.D., M.P.P., M.P.H., Mount Sinai Medical Center, New York City; Karen Davis, Ph.D., The Commonwealth Fund, New York City; Jack Hadley, Ph.D., Center for Studying Health System Change, Washington, DC; David Kindig, M.D., Ph.D., University of Wisconsin, Madison; Edward Perrin, Ph.D., University of Washington, Seattle; and Wendy Valentine, AHSR, Washington, DC. We also thank David Helms, Ph.D., then the AHSR President and CEO, for his support of this work. The committee's final report was received by the board, and the definition was adopted on June 24, 2000. This was the last meeting of the AHSR Board following the merger of AHSR with the Alpha Center that created the Academy for Health Services Research and Health Policy.

In June 2000, the Board of Directors of the Association for Health Services Research (AHSR), now the Academy for Health Services Research and Health Policy (the Academy), adopted a new definition for the field of health services research to reflect its continuing evolution and sophistication. This new definition is intended to provide a cogent description of the field to interested parties from related fields such as health policy and clinical care.

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The definition, developed by the ad hoc committee, states the following: "Health services research is the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately our health and well-being. Its research domains are individuals, families, organizations, institutions, communities, and populations."

In some respects, the definition of this field has not changed since the early days when health services research emerged in response to health policy concerns regarding access to care and the costs and quality of care. The name "health services research" was formally recognized in 1966 through the establishment of a federal government health services research study section to review grant proposals. The field gained broader recognition and increased funding with the establishment in 1969 of the National Center for Health Services Research and Development in the (then) Department of Health, Education and Welfare, under the leadership of Dr. Paul Sanazaro. In the early 1970s, Dr. Sanazaro described health services research as a field that develops methods for improving access to care, moderating the rate of medical care prices, and assuring the effectiveness of care. At approximately the same time, the Report of the Panel on Health Services Research and Development of the President's Science Advisory Committee (1972) stated, "Health services research seeks to improve the network for providing health care so that the fruits of biomedical research are readily available to all citizens" (p. 1).

In two reports, the Institute of Medicine (IOM) of the National Academy of Sciences examined the status and future of this field and each time offered a definition. In 1979, the IOM report stated, "Health services research is inquiry to produce knowledge about the structure, processes, and effects of personal health services" (p. 14). In 1995, an IOM committee updated and expanded the definition to read, "Health services research is a multidisciplinary field of inquiry, both basic and applied, that examines the use, costs, quality, accessibility, delivery, organization, financing, and outcomes of health care services to increase knowledge and understanding of the structure, processes, and effects of health services for individuals and populations" (p. 3). The 1995 definition emphasized the multidisciplinary nature of the field, the range of basic to applied research, and the need to understand the effects of health services on both individuals and populations.

In the definition recently adopted by the AHSR Board and then by the Board of the Academy for Health Services Research and Health Policy, the

scope of health services research interest is broadened further to include personal behaviors and social factors. Personal behaviors (e.g., smoking, use of seat belts, and diet) and social factors (e.g., income, educational attainment, and occupation) are recognized as having important influences on the need for services and on the potential benefit or impact of health services on health status and well-being. The enumeration of research domains further emphasizes the breadth of the field and the important influences of families, organizations, institutions, and communities on the receipt of health services and health status outcomes.

The new definition will likely meet our needs for a few years. It is intended to indicate the range of factors that influences the need for health services, receipt of care, its quality and costs, and the health outcomes experienced by individuals and populations. Understandably, this definition is intended primarily for our research and policy colleagues and knowledgeable users of health services research. For the public, policy makers, and others who may know relatively less about the field, we need to devise simpler and more effective ways of communicating the content and value of health services research, as indeed this issue has been true for the past three decades. The board and staff of the Academy are developing new communication tools that will permit all those in the field to have a hand in educating the broader community of people who benefit from the products of health services researchers. Without doubt, however, we can and should expect the field of health services research will continue to evolve and we will need to revisit in years to come the breadth and areas of contribution described above.

## REFERENCES

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